

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:

HealthCheck

Agencies

HMOs and Other

Managed Care

Programs

Immunization CPT code changes

This *Update* provides information about new and/or changed policies for reimbursement of *Current Procedural Terminology* (CPT) codes for immunizations in HealthCheck agencies.

Immunization code changes

Wisconsin Medicaid has adopted the American Medical Association's early release of several 2001 changes in *Current Procedural Terminology* (CPT) codes for immunizations. For all claims received on and after October 1, 2000, for services provided on and after July 1, 2000, Wisconsin Medicaid requires that HealthCheck providers use the procedure codes from the revised Appendix 1, "HealthCheck Laboratory, Other Test, and Immunization Codes," attached to this *Update*.

Please remove Appendix 1 from your HealthCheck provider handbook (which should be page 1D5-003), and replace it with the revised Appendix 1.

Beginning October 1, 2000, Wisconsin Medicaid will monitor the use of these codes based on the definitions described in this appendix. Providers who have been reimbursed for dates of service on and after July 1, 2000, using the old CPT descriptions are not required to adjust those claims.

Please bill the appropriate age-based code on the claim form. The administration fee is included in reimbursement for these

immunizations and should not be billed separately.

Newly covered HealthCheck immunization codes

The following immunization codes can now be reimbursed to HealthCheck providers:

- 90740 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use.
- 90743 – Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use. (**Note:** This vaccine is not currently available through the Vaccines for Children (VFC) Program, however, it is expected that it will be added shortly. Until then Wisconsin Medicaid will continue to reimburse providers for both the vaccine and administration fee.)
- 90748 – Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use.

Noncovered immunization codes

Wisconsin Medicaid no longer covers the following immunization codes for HealthCheck providers:

- 90680 – Rotavirus vaccine, tetravalent, live, for oral use.
- 90712 – Poliovirus vaccine, (any type[s]) (OPV), live, for oral use.

- 90720 – Diphtheria, tetanus toxoids, and whole cell pertussis vaccine and Hemophilus influenza b vaccine (DTP-Hib), for intramuscular use.
- 90745 – Hepatitis B; adolescent/high risk infant dosage, for intramuscular use.

Description changes for immunization codes

The CPT descriptions of the following immunization codes have been revised:

- 90669 – Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use.
- 90702 – Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use.
- 90718 – Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular or jet injection.
- 90732 – Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use.
- 90744 – Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use.
- 90747 – Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use.

This *Update* applies to fee-for-service Medicaid providers only. If you are a Medicaid HMO network provider, contact your managed care organization for more information about its billing procedures. Wisconsin Medicaid HMOs are required to provide at least the same benefits for enrollees as those provided under fee-for-service arrangements.

Note: Wisconsin Medicaid is sending a separate mailing to physicians regarding use of these immunization codes.

If you have any questions, please contact Provider Services at (800) 947-9627 or (608) 221-9883.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

**APPENDIX 1
 HEALTHCHECK LABORATORY, OTHER TESTS, AND
 IMMUNIZATION CODES**

HealthCheck Agencies (Provider Type 66) can only bill the lab, test, and
 administration codes listed in the following tables:

Immunizations

Code	Description	Place of Service (POS)	Type of Service (TOS)
90632	Hepatitis A vaccine, adult dosage, for intramuscular use	0, 3, 4	1
90633	Hepatitis A vaccine, pediatric/adolescent dosage-2 dose schedule, for intramuscular use	0, 3, 4	1
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, for intramuscular use	0, 3, 4	1
90636	Hepatitis A and hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use	0, 3, 4	1
90645*	Hemophilus influenza b vaccine (Hib), HbOC conjugate (4 dose schedule), for intramuscular use	0, 3, 4	1
90646*	Hemophilus influenza b vaccine (Hib), PRP-D conjugate, for booster use only, intramuscular use	0, 3, 4	1
90647*	Hemophilus influenza b vaccine (Hib), PRP-OMP conjugate (3 dose schedule), for intramuscular use	0, 3, 4	1
90648*	Hemophilus influenza b vaccine (Hib), PRP-T conjugate (4 dose schedule), for intramuscular use	0, 3, 4	1
90657	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular or jet injection use	0, 3, 4	1
90658	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular or jet injection use	0, 3, 4	1
90659	Influenza virus vaccine, whole virus, for intramuscular or jet injection use	0, 3, 4	1
90660	Influenza virus vaccine, live, for intranasal use	0, 3, 4	1
90669	Pneumococcal conjugate vaccine, polyvalent, for children under five years, for intramuscular use	0, 3, 4	1

Immunization code listings continued on next page

Immunizations, continued

Code	Description	POS	TOS
90700*	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for intramuscular use	0, 3, 4	1
90701	Diphtheria, tetanus toxoids, and whole cell pertussis vaccine (DTP), for intramuscular use	0, 3, 4	1
90702*	Diphtheria and tetanus toxoids (DT) adsorbed for use in individuals younger than seven years, for intramuscular use	0, 3, 4	1
90707*	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use	0, 3, 4	1
90713*	Poliovirus vaccine, inactivated, (IPV), for subcutaneous use	0, 3, 4	1
90716*	Varicella virus vaccine, live, for subcutaneous use	0, 3, 4	1
90718*	Tetanus and diphtheria toxoids (Td) adsorbed for use in individuals seven years or older, for intramuscular or jet injection	0, 3, 4	1
90732	Pneumococcal polysaccharide vaccine, 23-valent, adult or immunosuppressed patient dosage, for subcutaneous or intramuscular use	0, 3, 4	1
90740*	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use	0, 3, 4	1
90743 ¹	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use	0, 3, 4	1
90744*	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use	0, 3, 4	1
90746*	Hepatitis B vaccine, adult dosage, for intramuscular use	0, 3, 4	1
90747*	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use	0, 3, 4	1
90748*	Hepatitis B and Hemophilus influenza b vaccine (HepB-Hib), for intramuscular use	0, 3, 4	1
90749	Unlisted immunization procedure	0, 3, 4	1
W7018* ²	DTaP, MMR, and Polio	0, 3, 4	1

Laboratory Tests

Code	Description	POS	TOS
81002 ³	Urinalysis, by dipstick..., without microscopy, nonautomated	0, 3, 4	5
85013 ³ 85018 ³	Blood count; Spun hematocrit OR blood count; Hemoglobin	0, 3, 4	5
82465 ⁴	Cholesterol, serum, total	0, 3, 4	5
82947 ⁴	Glucose, quantitative	0, 3, 4	5
99000	Lab handling fee	0, 3, 4	5

Other Tests

Code	Description	POS	TOS
86580	Skin test; tuberculosis; intradermal	0, 3, 4	5

*Vaccine is provided through the Vaccines for Children (VFC) Program. Refer to Section II-L of this handbook for information on VFC.

¹These vaccines are likely to be added to VFC shortly. You will be notified by the Immunization Program.

²Will not be reimbursed with procedure codes 90700, 90701, 90702, 90707, or 90713.

³May be performed by HealthCheck agencies with an approved Clinical Laboratory Improvement Amendment (CLIA) waiver.

⁴May only be performed for high-risk children and require appropriate follow-up.